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Oral Testimony before the Insurance and Real Estate Committee

On March 17, 2022

Regarding

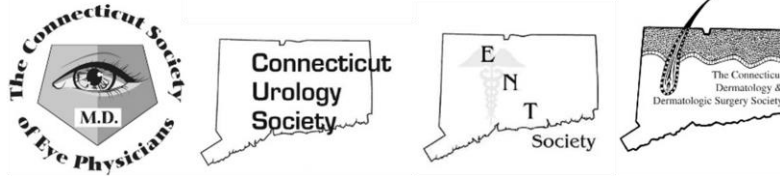
SB 354 AN ACT CONCERNING REIMBURSEMENT FOR CERTAIN COVERED HEALTH BENEFITS

Good day Co-Chairs Lesser and Wood, Vice-Chairs Anwar and Comey, and members of the Insurance and Real Estate Committee. I am Ken Yanagisawa, MD, FACS, an otolaryngologist who practices in New Haven, CT. I am here as Managing Partner of my private practice, and as Past President of the CT ENT Society, and on behalf of the physicians and physicians-in-training in the Connecticut ENT Society, Connecticut Society of Eye Physicians, Connecticut Urology Society and Connecticut Dermatology and Dermatologic Surgery Society. I appreciate the opportunity to provide testimony supporting SB 357 AAC REIMBURSEMENTS FOR CERTAIN COVERED HEALTH BENEFITS

High Deductible Health Plans do NOT serve patients well, and are degrading the patient-physician relationship. Physicians have devoted their lives to serving our patients, and to delivering optimal care and cure to promote health and wellness. The administrative challenges thrust upon medical practices who are forced to spend precious time and resources for the deductibles are severely contributing to the Burnout epidemic which is overwhelming overworked, overstressed physicians, and their staffs, particularly in this still ongoing COVID-19 pandemic era.

Medical practices, small and large, are NOT GOOD at the time-consuming and escalating tasks placed upon us by the insurance companies. The economic impact of unpaid deductibles, and the administrative burden which consumes enormous amounts of valuable time and resources, leave many practices crippled. We are not equipped with the tools or the resources to calculate and chase patients for owed monies. If the current methodology remains, medical practices will close, and patients/constituents we will struggle even more to find high quality medical care. Some practices may be even forced to consider not seeing patients on high deductible plans.

We did not make the rules for these plans; we do not collect upfront premiums for the insurance policies; we do not have at our fingertips financial details such as unmet deductibles and exact reimbursement amounts – the insurance companies do. The insurance companies would be the logical choice to administer deductibles. If this committee and physicians are to



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be charged with securing a stronger public health defense, a role that requires us to be advocates for patients, constituents and consumers than we **Must** appropriately demand that insurers, not physicians **collect ALL** medical health premiums from patients- this includes the high deductibles that they alone have thrust upon our patients and that they alone should collect. And Physicians alone should make the medical decisions on what is best for our patients. To do this we need your help today in passing SB357.

If we think back to pre-pandemic times – I admit it seems like a long time ago - 52.9% of American workers covered by health insurance plan provided by their employer were enrolled in high-deductible health plans, up substantially from 39.4% in 2015. Today, with the costs of health care rising and the highest inflation in decades, many Americans will choose – or be forced to choose – a high deductible plan. This is bad news for patients, hospitals, providers, and the health care system overall.

More cost comparisons, more questioning, and more suspicion

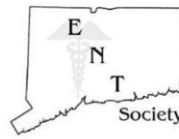
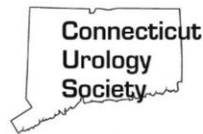
Health care costs have always been problematic for patients. Most patient like their own doctor but feel that the health care system overall is taking advantage of patients in their time of need. It is likely that High-deductible plans will only increase the scrutiny and patient apprehensions. It will also affect health care choices. Many patients will be forced to do “cost comparison shopping” for health care. Recent surveys by Becker’s found 47 percent of patients with high-deductible plans choose less expensive medications. This comparison shopping takes time, effort and can lead to considerable confusion and fear, not to mention potentially inferior treatment of the underlying condition.

Delay of care and higher utilization of emergency care

High deductible plans often emphasize preventive care, but too often care is delayed since the patient does not have the means to pay his/her deductible. When care is delayed for any reason, patients with serious conditions risk more expensive treatment and worse outcomes. When symptoms advance because of delayed care, many may be forced into seeking care at an Emergency Department – a very expensive and sub-optimal portal to care. When someone desperate for care enters via this portal, hospitals, often find that the expenses are higher, and payments are harder to collect.

Walk-in urgent care centers may seem like a possible alternative, but continuity of care – an important element of high-quality care – may be more difficult.

Patient satisfaction suffers



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What the average patient wants is state-of-the art care, provided without delay, by a competent and caring physician, with the majority of the bill for service to be paid by another party. Sadly, all these wishes are harder to obtain with high deductible plans, and patient satisfaction suffers. Studies show that patient satisfaction is tied to cost containment and improved health care outcomes. High deductible policies seem to make both goals more difficult to obtain.

Mountains of debt

Neither the provider nor the hospitals can afford the increased debt associated with the growing use of high deductible insurance plans. These plans are extremely unpopular given the wreckage they leave in their wake. And for providers, their office staffs are recruited to serve as bill collectors, causing irreparable damage to the doctor-patient relationship and increased office expenses.

Please remember that all this is happening as we struggle to keep health care accessible and safe as we are forced to re-invent it on the fly particularly in these pandemic times.

We ask that you support this bill that will place some reasonable limits for these High Deductible plans. Many plans value cost containment over quality of care and access. Please do consider who is benefitting from these plans – patients, insurance company CEO's, or their shareholders? The providers of medical care for these patients definitely receive no benefit from the rules and stipulations which actually degrade the patient-physician relationship.

Thank you for your time and attention.